

Return to:  
Department of Labor and Industries at:



# CONTRACTOR COMPLAINT FORM

**Please resubmit these questions with a copy of your contract, copies of canceled checks, advertising, and any documentation which pertains to this case.**

1. Your name	Home phone	Business phone
Home address	Business address	
City State ZIP	City State ZIP+4	

2. Contractor's name (Owner and individual)	Contractor's business name
Mailing address	Home phone
City State ZIP	Business phone

3. How did you first learn of this contractor? E.g., newspaper advertisement, friend, door-to-door solicitations, etc. Please send copies of any advertisements you may have.

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4. Date entered contract	Location you entered in contract or agreement
Date work began	
5. Did the contractor at any time represent that he or she was a registered contractor? Send copies of any business cards that the suspect may have given you. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Do you have any other pertinent information that may be helpful to us?

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**PLEASE EXPLAIN, IN DETAIL, YOUR ENTIRE COMPLAINT REGARDING  
YOUR TRANSACTION WITH THE CONTRACTOR. THIS WILL BE THE  
STATEMENT OF FACT. PLEASE BE AS SPECIFIC AS POSSIBLE.**

